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7590

03/12/2002

Pfizer Inc  
Patent Department  
Box 519  
Eastern Point Road  
Groton, CT 06340



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## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Patricia Botelho	(Depositor's name)
<i>[Signature]</i>	(Signature)
6-10-02	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/12,914	02/25/2000	Jan Buch	PC 9919ARTR	6924

TITLE OF INVENTION: THERAPEUTIC COMBINATION

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
12	nonprovisional	NO	\$1280	\$0	\$1280	06/12/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
JIANG, SHAOJIA A	1617	514-427000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

<sup>1</sup> ~~Peter C. Richardson~~  
<sup>2</sup> ~~Craig C. Benson~~  
<sup>3</sup> ~~Robert T. Ronau~~

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pfizer Inc.

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
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XX Advance Order - # of Copies 10

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(Authorized Signature) *Robert T. Ronau* (Date)R. T. Ronau, Reg. No. 36,257June 10, 2002

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